

90-00

PURCHASING GROUP

APPLICATION FOR REGISTRATION
State of Michigan, Insurance Bureau
Company Admissions Division
P.O. Box 30210
Lansing, MI 48909-7710

All information should be typed:

1. List the exact name of the purchasing group:

2. Indicate the form of organization or incorporation:

3. The purchasing group is domiciled in the state of: _____
4. Federal Employers Identification Number: _____
5. List any DBAs (assumed names) of the purchasing group used in this or any other state:

6. List the complete physical address of the purchasing group. Include the mailing address, if different:

7. List the name, address and telephone number of the principal staff person or officer of the purchasing group who has knowledge of its insurance program, including membership criteria, coverages and key personnel of the group's administrator and insurance carrier.

8. List the name, address and telephone number of the firm that acts as the administrator of the purchasing group and the name of the principal account executive responsible for the purchasing group's insurance program. (If none, answer none.)

9. List the name, addresses and occupations of the principal officers and directors of the purchasing group. Attach additional pages if necessary.

Name:	Address:	Occupation:
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10. Has any person transacting business on behalf of this purchasing group ever (Answer Yes or No):

<hr/>	a. been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person?
<hr/>	b. been denied any application for a professional, vocational or business license?
<hr/>	c. had any such license suspended or revoked?
<hr/>	d. had any such application or license withdrawn or surrendered to avoid potential disciplinary action against licensee?

If the answer to any part of this question is yes, attach a supplementary statement explaining in full each such occurrence.

11. The purchasing group is composed of members who are engaged in the following described business or activities, which are similar or related with respect to the liability to which members are exposed by virtue of any related, similar or common business, trade, product, services, premises or operations (give a general description of business or activities engaged in by purchasing group members):

12. The purchasing group intends to purchase the following lines and classifications of liability insurance from the indicated insurance company or companies. For each insurance line purchased, give the line code (see instructions), the National Association of Insurance Commissioners' (NAIC) Code, the Federal Employer Identification Number (FEIN), and the full name of insurance company, and its state of domicile. Attach extra pages if necessary:

<u>Line Code</u>	<u>NAIC Code</u>	<u>FEIN</u>	<u>Insurance Company Name</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. List, corresponding with the line codes indicated in item 12, the Line Code, and respective Agent Code and the name(s) and address(es) of the individual(s) through whom insurance purchases will be effected (see instructions). Attach extra pages if necessary:

<u>Line Code</u>	<u>Agent Code</u>	<u>Name & Address:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. The purchasing group has as one of its purposes the purchase of liability insurance on a purchasing group basis.

15. The purchasing group purchases such liability insurance only for its members and only to cover their similar or related liability exposure, as described in item 11 above.
16. The purchasing group does not exclude any person from membership in the group solely to provide for members of the group a competitive advantage over such a person.
17. The purchasing group has designated the Michigan Insurance Commissioner to be its agent solely for the purpose of receiving service of legal documents or process.
18. The purchasing group shall notify the Michigan Insurance Commissioner of any changes to the above information within 10 days of its change.
19. The purchasing group shall annually notify the Michigan Insurance Commissioner of its intent to continue operations in Michigan.

We the undersigned, do hereby certify that the information in this Purchasing Group Application for Registration is true, complete, correct and in compliance with all applicable laws to the best of our knowledge and belief:

By:

Signature

President (Print Name)

Attest:

Signature

Secretary (Print Name)